PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application (or	Docket	Nu	mbei
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10039794

RATE FEE RATE FOR NUMBER FILED NUMBER EXTRA NUMBER EXTRA SASIC FEE 370.00 OR BASIC FEE 370.00 OR SASIC FEE 370.00 OR SASIC FEE SASIC FEE 370.00 OR SASIC FEE	
NOTAL CHARGEABLE CLAIMS	THAN ADDITIONAL
NDEPENDENT CLAIMS 3 minus 3 =	ADDI- TIONAL
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Independent * Minus *** = Independent * Minus *** = In	ADDI- TIONAL
### ADDITIONAL FEE NAME NOT NAME AFTER AMENDMENT COlumn 2)	ADDI- TIONAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Independent * Minus *** = Independent * Minus *** = (Column 1) (Column 2) (Column 3) RATE PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) (Column 1) (Column 2) (Column 3) (Column 1) (Column 2) (Column 3) REMAINING AFTER AMENDMENT PREVIOUSLY PRISESENT EXTRA PREVIOUSLY PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total * Minus *** = Independent *	ADDI- TIONAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus *** = Independent * Minus *** = CCOlumn 1) (Column 2) (Column 3) CLAIMS FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL AMENDMENT PREVIOUSLY PAID FOR CCOlumn 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR CCOlumn 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOTAL ADDIT. FEE COR RATE TIONAL FEE OR X84= +140= OR ADDIT. FEE COR TOTAL FEE TOTAL OR	ADDI- TIONAL
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REMAINING AFTER AMENDMENT Total	
+140= OR +280=	ADDI- TIONAL FEE
+140= OR +280=	
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TOTAL OR TOTAL	
(Column 1) (Column 2) (Column 3)	
CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** Independent * Minus *** ** ** ** ** ** ** ** **	ADDI- TIONAL
Total * Minus ** = X\$ 9= OR X\$18=	FEE
Independent * Minus *** = X42= OR X84=	FEE_
FIRST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM	FEE
+140= OR +280=	FEE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	FEE